

**Application or Docket Number** 

Effective December 8, 2004

10/534660

| U.S. NATIONAL STAGE FEES   SMALL ENT. = \$ 150   | CLAIMS AS FILED - PART I   |  |                              |               |                        |                     |                  |                 | SMALL ENT    | rity   | OR    | OTHER THAN<br>SMALL ENTITY    |                        |
|--|--|--|------------------------------|---------------|------------------------|---------------------|------------------|-----------------|--------------|--------|-------|-------------------------------|------------------------|
| BASIC FEE  | lacksquare   |  |                              | (Column       | n 1)                   | (                   | Column 2)        | , <sub>(1</sub> | -            |        | • Oik | SIMALL                        | :NIIII T               |
| EXAMINATION FEE  | U.S  | . NATIONAL                                     | STAGE FEES                   | ·             |                        |                     |                  |                 | RATE         | FEE    | ì.    | RATE                          | FEE                    |
| SEARCH FEE   | BAS  | SIC FEE  |                              | SMALL ENT.    | = \$ 150               | LARC                | 3E ENT. = \$ 300 |                 | BASIC FEE    |        | OR    | BASIC FEE                     |                        |
| SEARCH FEE   | EXA  | MINATION FE                                    | .Ε                           | (4) = \$50/   | (4) = \$50/\$100       |                     |                  | 1               | EXAM. FEE    |        | 1     | EXAM. FEE                     |                        |
| TOTAL CHARGEABLE CLAIMS  | SEARCH FEE   |  |                              | ALL other cou | countries =            |                     |                  |                 | SEARCH FEE   |        |       | SEARCH FEE                    |                        |
| NULTIPLE DEPENDENT CLAIM PRESENT   | FEE FOR EXTRA SPEC. PGS.   |  |                              | minus 100 =   |                        |                     | / 50 =           |                 | X \$ 125 =   |        |       | X \$ 250 =                    |                        |
| ### 180 = OR   | TOTAL CHARGEABLE CLAIMS  |  |                              |               |                        | *                   |                  | ]               | X \$ 25 =    |        | OR    | X \$ 50 =                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  ** If the difference in column 1 is less than zero, enter "0" in column 2  ** CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  ** CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR P | INDEPENDENT CLAIMS   |  |                              | <u>'</u>      | inus 3 =               | *                   |                  |                 | X \$ 100 =   |        | OR    | X \$ 200 =                    |                        |
| CLAIMS AS AMENDED - PART II  | MULTIPLE DEPENDENT CLAIM PRESENT   |  |                              |               |                        |                     |                  |                 | + \$ 180 =   |        | OR    | + \$ 360 =                    |                        |
| Column 1)  | * If the difference in column 1 is less than zero, enter "0" in column 2 |  |                              |               |                        |                     |                  | _               | TOTAL        |        | OR    | TOTAL                         |                        |
| REMAINING AFTER AMENDMENT   PREVIOUSLY PAID FOR   PREVIOUSLY PAI   |  |  |                              |               |                        |                     |                  | _               | SMALL ENTITY |        | OR    | OTHER THAN<br>DR SMALL ENTITY |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | NT A   |  | REMAINING<br>AFTER           |               | NUM!<br>PREVIO         | BER<br>OUSLY        |                  |                 | RATE         | TIONAL |       | RATE .                        | ADDI-<br>TIONAL<br>FEE |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | NDME   | Total  | *                            | Minus         | **                     |                     | =                |                 | X \$ 25 =    |        | OR    | X \$ 50 =                     |                        |
| TOTAL ADDIT.   OR   TOTAL ADDIT.   FEE   | AME  | Independent                                    | *                            | Minus         | ***                    |                     | =                |                 | X \$ 100 =   |        | OR    | X \$ 200 =                    |                        |
| Column 1)  |  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                              |               |                        |                     |                  |                 | + \$ 180 =   | ·      | OR    | + \$ 360 =                    |                        |
| HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA  Total * Minus *** = X\$ 100 = OR X\$ 50 = ITOTAL ADDIT.  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  | ÷  |  |                              |               |                        |                     |                  |                 |              |        | OR    |                               |                        |
| HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA  Total * Minus *** = X\$ 100 = OR X\$ 50 = ITOTAL ADDIT.  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  | 1  | •  | (Column 1)                   |               | (Colur                 | nn 2)               | (Column 3)       |                 |              | •      |       |                               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | 누  | -  | CLAIMS<br>REMAINING<br>AFTER |               | HIGH<br>NUME<br>PREVIO | EST<br>BER<br>DUSLY | PRESENT          |                 | RATE         | TIONAL |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | AMENDME  | Total  | *                            | Minus         | **                     |                     | <b>=</b>         |                 | X \$ 25 =    |        | OR    | X \$ 50 =                     |                        |
| TOTAL ADDIT. OR TOTAL ADDIT.   |  | Independent                                    | *                            | Minus         | ***                    |                     | =                |                 | X \$ 100 =   |        | OR    | X \$ 200 =                    |                        |
|  |  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                              |               |                        |                     |                  |                 | + \$ 180 =   | ,      | OR    | + \$ 360 =                    |                        |
|  |  |  |                              |               |                        |                     |                  | -               |              |        | OR    |                               |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.